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ABSTRACT

The National Institute on Mental Health attempted to address the issue of providing a reliable baseline on alcohol-related problems among adolescents with the Adolescent Assessment Referral System (AARS). Part of this tool is the Problem Oriented Screening Instrument (POSIT), a 139-item questionnaire printed in English and Spanish. This questionnaire was administered to three cultural groups in New Mexico schools: (1) 80 Navajo youths; (2) 100 Mexican-American adolescents; and (3) 109 Anglo American adolescents. Data from the POSIT for these groups were compared with cutting scores generated by the AARS. Navajo males have the highest scores for substance use and abuse, followed by Navajo females. Female Mexican Americans have the lowest score on this item. Only female Anglo teens approached the prescribed cutting score for physical health status. The mental health status item reflected pathology among all racial and ethnic groups, with Navajo females registering the highest scores. The educational status indicator suggested a problem for the Navajo (males and females), Anglo males, and Mexican-American males. Seven tables present study findings. (Contains 5 references.) (SLD)

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MULTI-FACET MULTICULTURAL SCHOOL ASSESSMENT: ADAPTING AND NORMING THE AARS/POSIT

ED 378 193

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MULTI-FACET MULTICULTURAL SCHOOL ASSESSMENT: ADAPTING AND NORMING TRE AARS/POSIT

Introduction

New Mexico has high alcohol related problems among teens within two cultural groups -- American Indians and Mexican Americans. Two areas of the state are especially afflicted by these problems, the northwest (Indian Country) and southwest (Mexican Americans). What has been missing in the past is a reliable baseline on the nature of this problem and its relationship to other problems such as mental health, school performance, aggression and delinquency. The National Institute on Mental Health attempted to address this dilemma in 1989 with the development of the Adolescent Assessment Referral System (AARS). Part of this tool is the POSIT (Problem Oriented Screening Instrument). It is comprised of a 139 item questionnaire printed in both English and Spanish. We administered this questionnaire, under supervised conditions, to three cultural groups within New Mexico schools: Navajo (Ramah Navajo Indian Reservation), Mexican Americans and Anglos (southwest New Mexico). The data obtained from the POSIT are compared with the cutting scores generated by the AARS.

The Adolsecent Assessment/Referral System

The AARS was developed for the National Institute on Drug Abuse by Westover Consultants, Inc. and by the Pacific Institute for Research and Evaluation. The Adolescent Assessment /Referral System Manual appeared in 1991 (Rahdert, 1991). A major strength of this instrument is its clinical methodology. It follows the prescribed format of assessments driving diagnoses, which, in turn, determine the treatment plan:

> "The ADOLESCENT ASSESSMENT/REFERRAL SYSTEM contains tools related to three basic steps in the referral process: 1) the PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS, to be completed with the CLIENT PERSONAL HISTORY QUESTIONNAIRE; 2) the COMPREHENSIVE ASSESSMENT BATTERY; and the 3) DIRECTORY OF ADOLESCENT SERVICES. The AARS provides a cost-efficient method or system by which a case manager or referral agent can gather sufficient information upon which to plan therapeutic and/or rehabilitative activities for adolescents, 12 through 19 years of age. Because the AARS is based on a Holistic Health Care model, ten functional areas related to the use of illicit drugs are represented in each component of the AARS. Accordingly, extensive information about each troubled youth can be gained through the stepwise

utilization of each component part of the AARS. Accordingly, extensive information about each troubled youth can be gained through the stepwise utilization of each component part of the AARS. All planning can be individualized thereby maximizing the chance for a successful outcome (Rahdert, 1991:3)."

There are ten potentially problematic functional areas represented in each component of the AARS:

Substance Use/Abuse

Physical Health Status

Mental Health Status

Family Relations

Peer Relations

Educational Status

Vocational Status

Social Skills

Leisure and Recreation

Aggressive Behavior and Delinquency.

The POSIT consists of three types of items: GENERAL PURPOSE ITEMS, GENERAL PURPOSE AGE RELATED ITEMS, and RED-FLAG ITEMS. General Purpose Items are assigned one point each. Some items contribute

a point to more than one functional area (domain). General Purpose Age Related Items count only if the youth is over or under age 16 (e.g., "16+". Red-Flag Items are items which alone indicate the need for further assessment.

The cut-off scores for each functional area (domain) were calculated using a sample of 633 junior and senior high school students and 216 adolescents involved in substance abuse treatment The POSIT cutting scores are as follows:

Functional Area (domain)	Cutting Score
Substance Use/Abuse	1 point*
Physical Health Status	3 points
Mental Health Status	4 points
Family Relationships	4 points
Peer Relations	1 point*
Educational Status	6 points
Vocational Status	5 points
Social Skills	3 points
Leisure and Recreation	5 points
Aggressive Behavior/Delinquency	6 points

*All items are red flag

Using the POSIT as a Research Tool

Clearly, the POSIT has far wider utilization than intended by the AARS Manual. Granted, its major function remains as that of a preliminary screening instrument. Even then, our research indicates that its predictive validity goes beyond its intended purpose -- that of screening substance abuse among teens. We see the ten scales (domains) to be similar to those of the Minnesota Multiphasic Personality Inventory (MMPI). Obviously the MMPI and the POSIT are not alike in content areas (domains), it is their predictive potential that is shared. The MMPI, like the POSIT, is designed to provide individual profiles, yet both instruments can be used to determine aggragate profiles along with specific-group norms and multiple-domain profiles. We use the POSIT in three related areas: (1) for individual preliminary assessments, (2) to generate unmet needs/outcome data for specific populations, and (3) to develop group-specific norms.

1. Individual preliminary assessments: The POSIT is a versatile and comprehensive, yet time-manageable tool (139 questions). The "POSIT SCORING SHEET" provides a clear individual profile relevant to the ten functional areas (domains). Here, the interrelatedness between domains can be observed, hence directing not only the secondary interview but the

composition of the Comprehensive Assessment Battery needed to rule-out/rule-in potential problems indicated by the POSIT. At-risk youth can then be tracked using the instruments selected for the Comprehensive Assessment Battery. This process would test the reliability of the diagnosis as well as the effectiveness of the treatment plan.

2. Needs assessment/outcome results: The POSIT lends itself to aggregate profile analysis of specific populations. The quality of the data is contingent upon strict supervision of the administration and coding of the POSIT. The administration of the POSIT should be like any other assessment instrument -- it must be done within a quiet testing atmosphere with close supervision. Confidentiality must be maintained. Only relevant demographic information should be placed on the questionnaire (gender, age, ethnicity/race). These demographics are needed if any meaningful data analysis is to be compiled. The researcher should not know the identity of the student (single blind study). If the POSIT is administered to both control and experimental samples, the youth should not know which sample they belong (double-blind study). The scoring also takes considerable skills and training. A third party, such as the school counselor or school psychologist, should code the questionnaires so that they correspond with his/her master name list. A

school or service agency would then administer the POSIT individually or in group sessions to all the youth serviced by them. This should be done as an "intake" function. These data would then provide the school or agency with a comprehensive profile of the incoming youth -- and a profile of the greatest needs areas (high profile domains). Individual youth could also be tracked overtime as they progress through the program. For example the aggregate profile could be used to track junior high youth once they reach high school. This allows for outcome data.

3. Developing group-specific norms: Another research function of the POSIT is to use it to develop group-specific norms. Like the original MMPI, the POSIT was poorly standardized. That is, it had a relatively small sample, one which was not truly representative of youth in the United States. While this fact does not necessarily invalidate the instrument, it does question the cutting scores reliability. We suggest that the POSIT be renormed according to region, gender, ethnicity and/or race. Toward this end, we administered the POSIT to a selective, stratified sample within a defined population. Next we pulled the extremely high scorers, those likely to be suffering from some pathology or which reflect "faking bad" scenarios. The resulting "norm" should be reflective of that particular population. The last step is to adjust the

cutting scores to reflect the population norm. Individual profiles can now be compared with this norm (Babor, et al, 1991; French, 1993; Human & Wasen, 1991; Murray & Keller, 1991).

Comparative Multicultural Norms for New Mexico

Our study is intended as a preliminary (pilot) study. It is comprised of three ethnic/racial samples within two regions of the state. The Anglo and Mexican American youth samples were drawn from three counties located in the rural southwest while the Navajo sample came from McKinley County in the northwestern portion the state. The samples were taken from the schools.

The southwest sample consisted of 209 youth (51 Mexican American males, 49 Mexican American females; 55 Anglo males, and 54 Anglo females). The Navajo sample consisted of 80 youths (40 males and 40 females).The mean age for the samples were: Mexican Americans = 17.9; Anglos = 17.4; Navajos = 15.3.

Table 1. Anglo Males (N=55)

Domain	Aggregate Mean
A. Substance use/abuse (All items are red flags)	1.3
B. Physical Health Status (cut-off=3 points)	1.9
C. Mental Health Status (cut-off=4 points)	8.3
D. Family Relations (cut-off=4 points)	3.4
E. Peer Relations (All items are red flags)	4.4
F. Educational Status (cut-off=6 points)	9.3
G. Vocational Status (cut-off=5 points)	2.9
H. Social Skills (cut-off=3 points)	4.0
I. Leisure and Recreation (cut-off=5 points)	4.2
J. Aggressive Behavior/Delinquency (cut-off=6 points)	8.0

Table 2. Anglo Females (N=54)

Domain	Aggregate Mean
A. Substance use/abuse (all items are red flags)	1.1
B. Physical Health Status (cut-off=3 points)	3.1
C. Mental Health Status (cut-off=4 points)	6.6
D. Family Relationships (cut-off=4 points)	1.8
E. Peer Relations (all items are red flags)	2.9
F. Educational Status (cut-off=6 points)	2.9
G. Vocational Status (cut-off=5 points)	2.3
H. Social Skills (cut-off=3 points)	2.2
I. Leisure and Recreation (cut-off=5 points)	3.2
J. Aggressive Behavior/Delinquency (cut-off= 6 points)	5.3

Table 3. Mexican American Males (N=51)

Domain	Aggregate Mean
A. Substance use/abuse (all items are red flags)	2.6
B. Physical Health Status (cut-off=3 points)	2.3
C. Mental Health Status (cut-off=4 points)	7.0
D. Family Relationships (cut-off= 4 points)	3.0
E. Peer Relations (all items are red flags)	4.8
F. Educational Status (cut-off=6 points)	7.2
G. Vocational Status (cut-off=5 points)	3.3
H. Social Skills (cut-off=3 points)	2.8
I. Leisure and Recreation (cut-off= 5 points)	3.8
J. Aggressive Behavior/Delinquency (cut-off=6 points)	6.4

Table 4. Mexican American Females (N=49)

Domain	Aggregate Mean
A. Substance use/abuse (all-items are red flags)	0.8
B. Physical Health Status (cut-off=3 points)	2.3
C. Mental Health Status (cut-off= 4 points)	4.7
D. Family Relationships (cut-off= 4 points)	1.6
E. Peer Relations (all items are red flags)	2.9
F. Educational Status (cut-off = 6 points)	4.9
G. Vocational Status (cut-off = 5 points)	4.1
H. Social Skills (cut-off = 3 points)	1.1
I. Leisure and Recreation (cut-off = 5 points)	4.4
J. Aggressive .Behavior/Delinquency (cut-off = 6 points)	3.7

Table 5. Navajo Males (N=40)

Domain	Aggregate Mean
A. Substance use/abuse (all items are red flags)	5.0
B. Physical Health Status (cut-off=3 points)	2.8
C. Mental Health Status (cut-off=4 points)	8.0
D. Family Relationships (cut-off=4 points)	4.0
E. Peer Relations (all items are red flags)	6.1
F. Educational Status (cut-off=6 points)	10.5
G. Vocational Status (cut-off=5 points)	6.5
H. Social Skills (cut-off=3 points)	4.1
I. Leisure and Recreation (cut-off=5 points)	5.8
J. Aggressive Behavior/Delinquency (cut-off=6 points)	7.0

Table 6. Navajo Females (N=40)

Domain	Aggregate Mean
A. Substance use/abuse (all items are red flags)	4.4
B. Physical Health Status (cut-off=3 points)	3.0
C. Mental Health Status (Cut-off=4 points)	10.9
D. Family Relationships (cut-off=4 points)	4.6
E. Peer Relations (all items are red flags)	5.7
F. Educational Status (cut-off=6 points)	12.0
G. Vocational Status (cut-off=5 points)	6.6
H. Social Skills (cut-off=3 points)	4.3
I. Leisure and Recreation (cut-off=5 points)	4.9
J. Aggressive Behavior/Delinquency (cut-off=6 points)	6.7

Table 7. Multicultural Composite (N=289)

Domain	Anglo		Mexican* Americans		Navajo	
	M	F	M	F	M	F
A.	1.3	1.1	2.6	0.8	5.0	4.4
B.	1.9	3.1	2.3	2.3	2.8	3.0
C.	8.3	6.6	7.0	4.7	8.0	10.9
D.	3.4	1.8	3.0	1.6	4.0	4.6
E.	4.4	2.9	4.8	2.9	6.1	5.7
F.	9.3	2.9	7.2	4.9	10.5	12.0
G.	2.9	2.3	3.3	4.1	6.5	6.6
H.	4.0	2.2	2.8	1.1	4.1	4.3
I.	4.2	3.2	3.8	4.4	5.8	4.9
J.	8.0	5.3	6.4	3.7	7.0	6.7

Data Analysis

For Item A, Subsance use/abuse, the Navajo males have the highest score (5.0) followed by their female counterpart (4.4). These scores are far greater than any of the other samples. Interestingly, the female Mexican American teen has the lowest score (0.8) on this item. Item B, Physical Health Status, had only one group approaching the prescribed cutting score and that was the female Anglo teen (3.1). Item C, Mental Health Status, indicated pathology among all racial/ethnic groups with the Navajo females registering the highest score (10.9) followed by the Anglo male (8.3), Navajo male (8.0), Mexican American male (7.0), Anglo female (6.6), and Mexican American female (4.7). Item D, Family Relationships, indicated only two marginally high aggregate scores, again among the Navajo sample (F = 4.6 /M = 4.0). Item E, Peer Relations, again had the Navajo sample has the high scorers (M = 6.1/F = 5.7) followed by Mexican American males (4.8) and Anglo males (4.4). Both Anglo and Mexican American female samples scored a 2.9 on this item. Item F, Educational Status, indicates a problem among the Navajo (F = 12.0/M = 10.5) as well as among Anglo males (9.3) and Mexican American males (7.2). Item G, Vocational Status, had only two margianlly elevated scores and they were

among the Navajo sample (F = 6.6/M = 6.5). Item H, Social Skills, had only three elevated scores: Navajo females (4.3), Navajo males (4.1), and Anglo males (4.0). Item I, Leisure and Recreation, registered only one elevated score and it was among the navajo males (5.8). The last item (J), Aggressive Behavior/Delinquency, indicated problems with the Anglo males (8.0), Navajo males (7.0), Navajo females (6.7), and Mexican Amerian males (6.4).

The high score profiles for the samples are as follows by order of significance:

1. Navajo females:*
   Mental Health/Educational Status.

2. Navajo males:*
   Mental Health/Educational Status; Substance use/abuse &Aggressive behavior /Delinquency.

3. Anglo males:*
   Mental Health/Educational Status;Aggressive behavior /Delinquency.

4. Mexican American males:*
   Mental Health /Educational Status

5. Anglo females:
   Mental Health

6. Mexican American females:
   No signficant
   problems

* These groups also had problems with Peer Relations.

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